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# Kansas Immunization School Requirements

## School Yr. 2011-12

School Nurse Conference 2011  
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# Overview

- ▣ ACIP Recommended Immunization Schedule and Minimum Interval Schedule
- ▣ Kansas Statutes Related to School Immunization
- ▣ Regulation 28-1-20
- ▣ School Immunization Requirements  
School Yr. 2011-12
- ▣ Kansas Certificate of Immunizations (KCI)

# Advisory Committee Immunization on Practices

- National experts provide guidance on the control and reduction of vaccine preventable diseases in the United States.
- The only federal entity that develops written vaccine recommendations.
  1. Age to be given and interval between doses
  2. Precautions and contraindications
- Approved by American Academy of Pediatrics and American Academy of Family Physicians



## Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B <sup>1</sup>		HepB	HepB			HepB						
Rotavirus <sup>2</sup>			RV	RV	RV <sup>2</sup>							
Diphtheria, Tetanus, Pertussis <sup>3</sup>			DTaP	DTaP	DTaP	see footnote <sup>3</sup>		DTaP				DTaP
<i>Haemophilus influenzae</i> type b <sup>4</sup>			Hib	Hib	Hib <sup>4</sup>		Hib					
Pneumococcal <sup>5</sup>			PCV	PCV	PCV		PCV				PPSV	
Inactivated Poliovirus <sup>6</sup>			IPV	IPV		IPV						IPV
Influenza <sup>7</sup>						Influenza (Yearly)						
Measles, Mumps, Rubella <sup>8</sup>							MMR		see footnote <sup>8</sup>			MMR
Varicella <sup>9</sup>							Varicella		see footnote <sup>9</sup>			Varicella
Hepatitis A <sup>10</sup>								HepA (2 doses)			HepA Series	
Meningococcal <sup>11</sup>											MCV4	

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

## Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2011

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis <sup>1</sup>			Tdap	Tdap	Range of recommended ages for all children
Human Papillomavirus <sup>2</sup>	see footnote <sup>2</sup>		HPV (3 doses)(females)	HPV series	
Meningococcal <sup>3</sup>		MCV4	MCV4	MCV4	
Influenza <sup>4</sup>		Influenza (Yearly)			
Pneumococcal <sup>5</sup>		Pneumococcal			Range of recommended ages for catch-up immunization
Hepatitis A <sup>6</sup>		HepA Series			
Hepatitis B <sup>7</sup>		Hep B Series			
Inactivated Poliovirus <sup>8</sup>		IPV Series			
Measles, Mumps, Rubella <sup>9</sup>		MMR Series			
Varicella <sup>10</sup>		Varicella Series			Range of recommended ages for certain high-risk groups



# Catch-up Immunization Schedules

## Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind—United States • 2011

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age

PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus <sup>2</sup>	6 wks	4 weeks	4 weeks <sup>3</sup>		
Diphtheria, Tetanus, Pertussis <sup>3</sup>	6 wks	4 weeks	4 weeks	6 months	6 months <sup>3</sup>
<i>Haemophilus influenzae</i> type b <sup>4</sup>	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks <sup>3</sup> if current age is younger than 12 months 8 weeks (as final dose) <sup>3</sup> if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal <sup>5</sup>	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated Poliovirus <sup>6</sup>	6 wks	4 weeks	4 weeks	6 months <sup>6</sup>	
Measles, Mumps, Rubella <sup>7</sup>	12 mos	4 weeks			
Varicella <sup>8</sup>	12 mos	3 months			
Hepatitis A <sup>9</sup>	12 mos	6 months			
PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis <sup>10</sup>	7 yrs <sup>10</sup>	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human Papillomavirus <sup>11</sup>	9 yrs	Routine dosing intervals are recommended (females) <sup>11</sup>			
Hepatitis A <sup>9</sup>	12 mos	6 months			
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus <sup>6</sup>	6 wks	4 weeks	4 weeks <sup>6</sup>	6 months <sup>6</sup>	
Measles, Mumps, Rubella <sup>7</sup>	12 mos	4 weeks			
Varicella <sup>8</sup>	12 mos	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

# Four Day Grace Period

- ▣ Vaccine Dose administered up to 4 days before the minimum interval or age can be counted as valid.
- ▣ Vaccine Dose administered 5 days or earlier than the minimum interval or age should not be counted as valid dose and the dose needs to be repeated.

# Kansas Statutes Related to School Immunizations

- ▣ Kansas laws that pertain to school entry requirements
- ▣ School Related Forms

Found at:

[www.kdheks.gov/immunize -school](http://www.kdheks.gov/immunize-school) section

# Kansas Statutes Related to School Immunization

K.S.A 72-5208 through K.S.A 72-5211a

5208-Definitions

5209-Health Tests and Inoculations

5210-Duties of School Boards and Health Dept.

5211-Duties of Secretary, Forms and Certificates

5211a-Exclusion of Pupils

# K.S.A. 72-5208

## Definition

- ▣ School Board (governing body)
- ▣ School (Elementary, Jr. Hi and High School)
- ▣ LHD (Local Health Department)
- ▣ Secretary (KS Dept. Health and Environment)
- ▣ Physician (Licensed to practice medicine & surgery)



# 72-5209

Before admission - school / school operated daycare or preschool

- ▣ Required vaccines documentation or proof of immunity by disease.
- ▣ May enroll while receiving the required vaccines if the immunization provider confirms that the vaccines were received on a minimum interval schedule.
- ▣ Failure to complete the required immunizations-out of compliance and are vulnerable for disease and further spread of that disease.

# Exemptions

## 72-5209B

1. Religious- a written statement signed by one of the parents/ guardian stating that the child is of a denomination that does not believe in immunizations
  2. Medical- is signed annually by the child's physician declaring that the child has a contraindication to a certain vaccine and it would be life threatening to the child if given the vaccine.
- ▣ Medical Exemption Form B

Mark your calendars before  
May 15  
72- 209 C

Send notification of immunization requirements  
to parents/guardians for next school year.

# Student has transferred 72-5209 D

- ▣ Request immunization records from previous school
- ▣ KsWebIZ

# K.S.A. 72-5208 D

- ▣ If a student transfers to another school the students KCI ( copy) shall be sent with the child's school transcript or statement of compliance.

# LHD Duties

## K.S.A. 72-5210

- ▣ LHD are to provide the needed vaccinations on sliding fee scale for the administration fee with the exception that no child will be denied for inability to pay the administration fee.
- ▣ LHD will communicate to the school the vaccine funding sources that are available in the LHD.

# Secretary of Health

## 71-5211

- ▣ KCI and exemption forms without cost to the schools
- ▣ Schools must use this forms for monitoring compliance
- ▣ 71-5211 Kansas Sec of Health is responsible for prescribing the KCI and exemption forms without cost to the schools Audit information shall be obtained from the KCI. The sec. may adopt regulations to carry out this act.
- ▣ 72-7211a Exclusion of students



# Exclusion

## 71-5211 A

The school board may exclude a student from school or by that schools adopted policy who has not complied with the requirements of 5209. The policy must include a written notice to the parent/ guardian that includes;

1. Reason for exclusion
2. How long the student will be excluded
3. Inform the parent that a hearing will be offered upon request

# K.S.A 72-5211B

- ▣ K.S.A 72-1111
- ▣ Truancy act do not apply while the student is excluded for school if out of compliance showing proof of immunity either by vaccination or disease

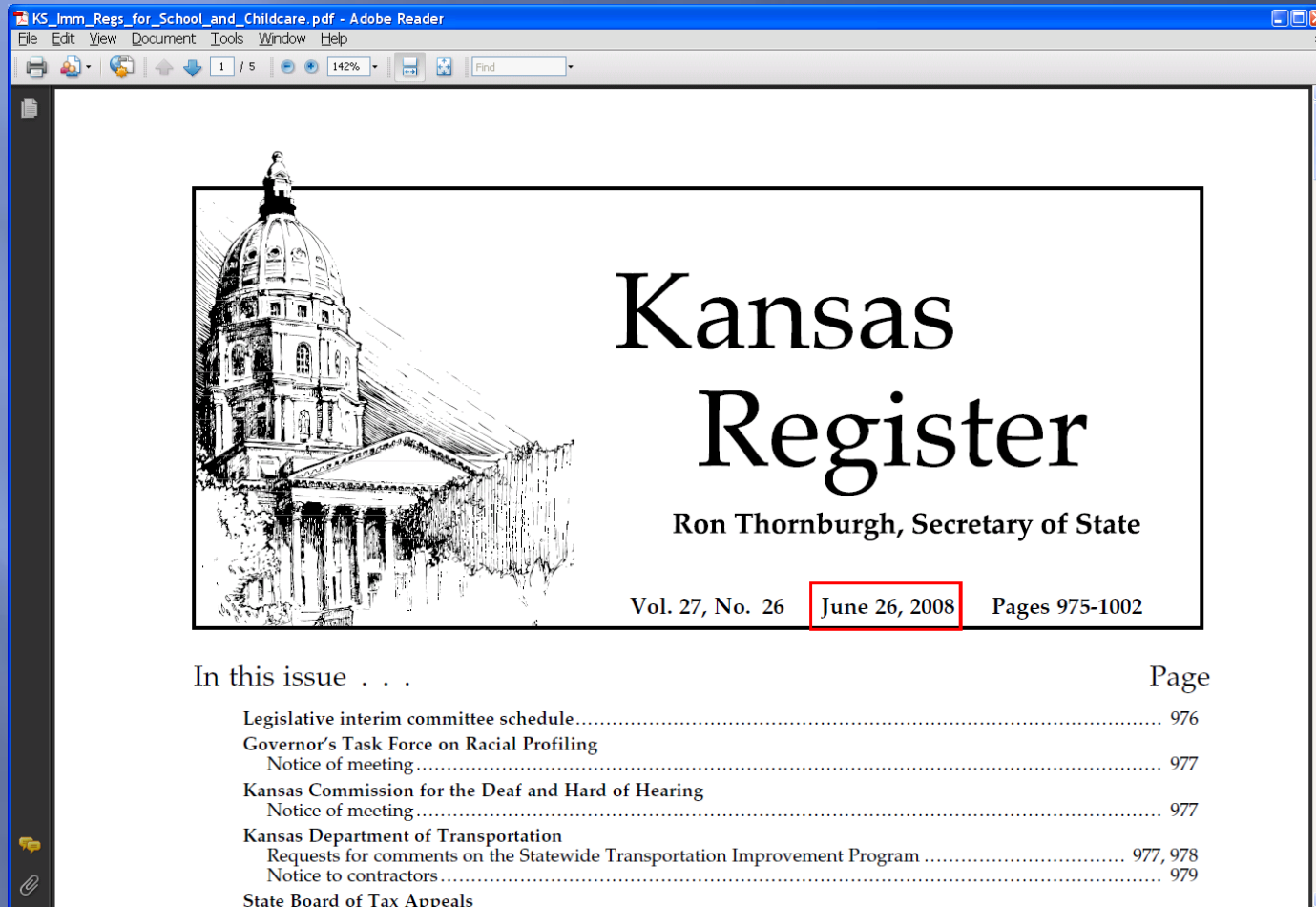
# Interstate Compact on Educational Opportunity for Military Children

- ▣ Former Gov. Sebelius signed in April 2008
- ▣ Purpose to remove barriers to education for children of military families because of frequent moves and deployment
- ▣ The state that the student is moving to needs to allow the student 30 days from enrollment to comply with school immunization requirements
- ▣ Applies only to students that have parents that are in active duty of uniform services

# Kansas Administrative Regulation 28-1-20; June 26, 2008

- Defines K.S.A 72-5208 -K.S.A 72-5211
- Provides a listing of the immunizations that are required for school entry.
- Approved by Ks Dept of Administration, Ks Attorney General and a legislative committee
- Published in the Kansas Registrar, June 2008

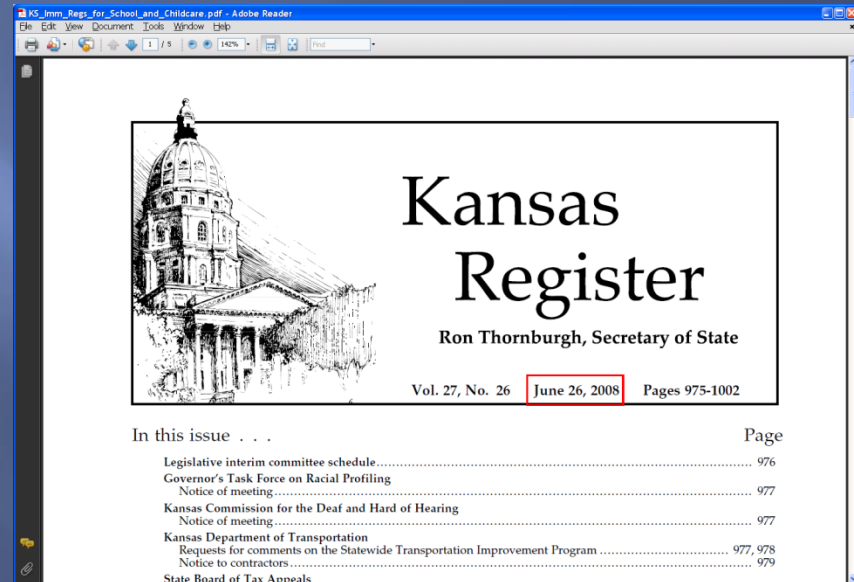
# Kansas Administrative Regulation



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# K.A.R. 28-1-20 defines required vaccines for school entry

- Diphtheria
- Hepatitis B
- Polio
- Measles
- Mumps
- Pertussis
- Rubella
- Tetanus
- Varicella



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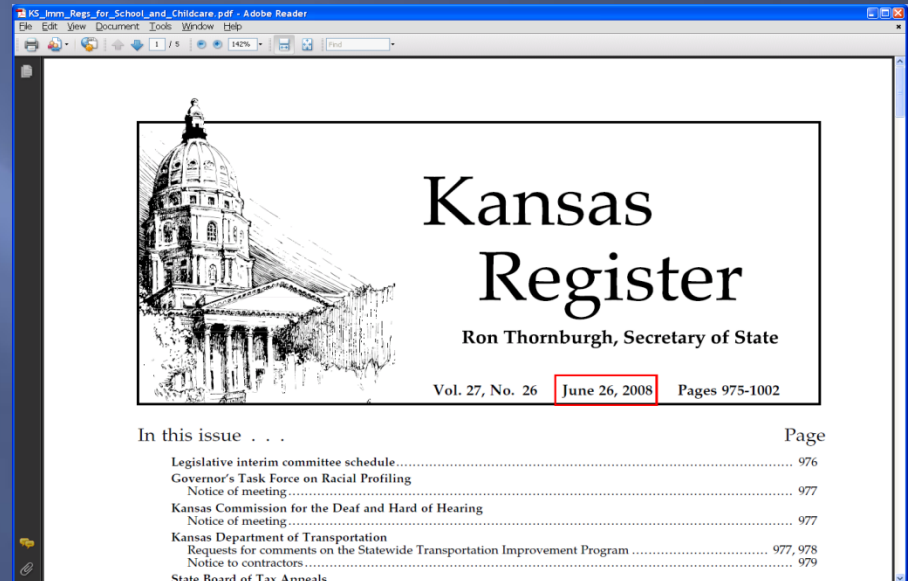
# Vaccines that are required for School Entry Year 11/2012

- ▣ **DTaP** = Diphtheria, Tetanus, Pertussis
- ▣ **Tdap** = Tetanus, Diphtheria, Pertussis
- ▣ **Td** = Tetanus, Diphtheria (Pertussis Exemption Only) > 7 yrs of age
- ▣ **DT** = Diphtheria, Tetanus (Pertussis Exemption Only) < 7 yrs of age
- ▣ **IPV** = Polio
- ▣ **HBV** = Hepatitis B
- ▣ **Chickenpox** = Varicella
- ▣ **MMR** = Measles, Mumps and Rubella



# K.A.R. 28-1-20 required for child care, family day care home, preschool, or child care program operated by a school

- Diphtheria
- *Haemophilus influenzae* type B
- Hepatitis A
- Hepatitis B
- Polio
- Measles
- Mumps
- Pertussis
- Pneumococcal disease
- Rubella
- Tetanus
- Varicella



# KANSAS CERTIFICATE OF IMMUNIZATIONS (KCI)

This record is part of the student's permanent record and shall be transferred from one school to another as defined in Section 72-6209 (d) of the Kansas School Immunization Law (amended 1994.)

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_ SEX: [ ] MALE [ ] FEMALE Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ County: \_\_\_\_\_

VACCINE	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	1st	2nd	3rd	4th	5th	6th	7th
<b>DTaP/DT/Td/Tdap</b> (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-8. <b>State Type</b>							
<b>Polio</b> Required for school entry.						If additional doses are added, please initial the dose and sign below: _____ _____ _____	
<b>HEP B</b> (Hepatitis B) Required for school entry through Grade 11 for 2011-2012 school year. Recommended for all children.							
<b>Varicella</b> (Chickenpox) Required for school entry. 2 doses grades K-2 & 7. One dose grades 3-6 and 8-11 for 2011-2012 school year.							
<b>MMR</b> (Measles, Mumps, and Rubella combined) Required for school entry.							
<b>Influenza (Flu)</b> Recommended annually for ages 6mo and older. Not required for school entry.							
<b>HIB</b> (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
<b>PCV</b> (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
<b>HEP A</b> (Hepatitis A) Required < 5 years of age for preschool or child care operated by a school.							
<b>MCV4</b> (Meningococcal) Recommended at 11 years of age. Not required for school entry.							
<b>HPV</b> (Human Papillomavirus) Recommended for females and provisionally recommended for males at 11 years of age. Not required for school entry.							
<b>Rotavirus</b> Recommended < 8 mo. Not required for school entry.							

DOCUMENTATION	LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"
<p>KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALTH DEPT, OR SCHOOL.</p> <p><input type="checkbox"/> I certify I reviewed this student's vaccination record and transcribed it accurate</p> <p>Agency Name: _____</p> <p>Authorized Representative: _____</p> <p>Address: _____</p> <p>The record presented was _____ Date _____</p> <p><input type="checkbox"/> Kansas Immunization Record</p> <p><input type="checkbox"/> Other Immunization Record (Specify) _____</p>	<p>1. "Annual written statement signed by a licensed physician (Medical Doctor/M.D. or Doctor of Osteopathy/D.O.) stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child." Medical exemption shall be validated annually by physician completion of KCI Form B and attachment to the KCI.</p> <p>2. "Written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations."</p>

KANSAS IMMUNIZATION PROGRAM  
1000 SW Jackson, Suite 075, Topeka, KS 66612-1274  
PHONE 785-296-5591 FAX 785-296-6510  
WEB SITE [www.kdheks.gov/immunize](http://www.kdheks.gov/immunize)

I give my consent for information contained on this form to be released to the Kansas Immunization Program for the purpose of assessment and reporting.

Parent/Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Rev. 02/01/2011

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**KANSAS IMMUNIZATION REQUIREMENTS:** Based on age of child as of September 1 of current school year.

As per Kansas Statute 72-5209, all children upon entry to school must be appropriately vaccinated. In each column below, vaccines are required for all ages listed in that column.

Ages 0-4		Ages 5-6	Ages 7 and Older
<b>Recommended Schedule</b>			
Birth	HEP B	<b>DTaP: 5 Doses</b> a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4. b) 4 doses acceptable if dose 4 given on or after the 4th birthday. c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age. d) 6 dose limit regardless of schedule.	<b>Tdap/Td: 3 doses if DTaP series not completed previously</b> a) 4 week minimum interval between dose 1 and dose 2. b) One of the 3 doses should be Tdap. c) 6 month interval between dose 2 and dose 3. d) Single dose of Tdap required for grades 7-9. e) Tdap required for grades 10-12 if more than 10 years since previous DTaP.
2 Months	DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS		
4 Months	DTaP/DT POLIO HIB PCV ROTAVIRUS	<b>POLIO: 4 Doses</b> a) 4 week minimum interval between first 3 doses; 6 month interval required between dose 3 and dose 4. b) One dose required after 4th birthday regardless of the number of previous doses.	<b>POLIO - All IPV or OPV Schedule</b> <b>4 Doses</b> a) 4 week minimum interval between doses, regardless of age given. <b>3 Doses</b> a) 4 week minimum interval between each dose, with 1 dose given on or after the 4th birthday.
6 Months	DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS	<b>MMR: 2 Doses</b> a) First dose on or after the 1st birthday. b) 4 week minimum interval between doses.	<b>POLIO - IPV/OPV Combination Schedule</b> <b>4 Doses</b> a) 4 week minimum interval between doses, regardless of age given. <b>MMR: 2 Doses</b> a) First dose on or after the 1st birthday. b) 4 week minimum interval between doses.
12-15 Months	DTaP/DT MMR VAR HIB PCV HEP A	<b>VARICELLA: 2 Doses Grade K-2 for 2011-2012 school year</b> a) First dose on or after the 1st birthday. b) 4 week minimum interval between doses. c) None required if prior varicella disease verified by physician. d) Two doses are <u>recommended</u> for all children.	<b>VARICELLA: 2 Doses Grade 7 for 2011-2012 school year</b> <b>1 Dose Grades 3-6 and 8-11 for 2011-2012 school year</b> a) First dose on or after the 1st birthday. b) 4 week minimum interval between doses. c) None required if prior varicella disease verified by physician. d) Two doses are <u>recommended</u> for all children.
Recommendations are based on the ACIP recommended schedule.†		<b>HEPATITIS B: 3 Doses Grades K-11 for 2011-2012 school year</b> a) 4 week minimum interval between dose 1 and dose 2. b) 8 week minimum interval between dose 2 and dose 3. c) 16 week minimum interval between dose 1 and dose 3. Dose 3 must be given after 24 weeks of age.	<b>HEPATITIS B: 3 Doses required through Grade 11 for 2011-2012 school year</b> a) 4 week minimum interval between dose 1 and dose 2. b) 8 week minimum interval between dose 2 and dose 3. c) 16 week minimum interval between dose 1 and dose 3. d) Dose 3 must be given after 24 weeks of age.
† - The ACIP Schedules may be accessed at: <a href="http://www.cdc.gov/vaccines/recs/schedules">http://www.cdc.gov/vaccines/recs/schedules</a>			
Vaccine doses given up to 4 days before the minimum interval or age may be considered valid. With the exception of Hepatitis B vaccine, immunizations given before 6 weeks of age are not considered valid. Half doses or reduced doses of vaccine are not considered valid.			

**PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.**

KCI FORM B - MEDICAL EXEMPTION is located at [http://www.kdheks.gov/immunize/imm\\_manual\\_pdf/KCI\\_formB.pdf](http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_formB.pdf)  
BLANK VERSION OF KCI FORM is available at [http://www.kdheks.gov/immunize/download/KCI\\_Form.pdf](http://www.kdheks.gov/immunize/download/KCI_Form.pdf)

**A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. PARENTS OR GUARDIANS OF EXEMPT CHILDREN SHOULD BE INFORMED THAT THEIR CHILDREN SHALL BE EXCLUDED FROM SCHOOL IN THE EVENT OF AN OUTBREAK OR SUSPECTED CASE OF A VACCINE-PREVENTABLE DISEASE.**

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# Alternative KCI Guidelines

- Legible
  - Written in English
- Transcription of legal document
  - Student's full name, date of birth
  - Specific antigen, dose number, date of administration
- Same sequential order as KCI
- Medical and Religious Exemption Requirements

# Tools

- ▣ ACIP Recommended and Minimum Interval Schedule
- ▣ Back of KCI

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# DTaP

## Diphtheria, Tetanus and Pertussis

### DTaP/5 doses

- ▣ 4 week minimum interval between first 3 doses, with at least 6 months between dose 3 and dose 4
- ▣ Dose 4 must be given after 12 months of age

### Acceptable:

- ▣ 4 doses if last dose given on or after the 4th birthday.

# DTaP Combination

- ▣ Pentacel= DTaP, Hib, IPV
- ▣ Pediarix= DTaP, HepB, IPV
- ▣ Kinrix= DTaP and IPV

May be documented with brand name

DTaP only: Infranix and Daptacel



# DT

## Diphtheria, Tetanus

- ▣ Acceptable only if Pertussis vaccine has been contraindicated by the physician
- ▣ 4 doses needed if 1st dose of DT was given <12 months of age
- ▣ 3 doses are needed if the first dose of DT was given at 12 months or older

# Required IPV Schedule for all new students

- ▣ Dose 1 - 2 months
- ▣ Dose 2 - 4 months
- ▣ Dose 3 - 6-18 months
- ▣ Dose 4 - 4-6 years

Return students that have a documented 4 wks interval with either a 3 or 4 dose IPV or 4 dose IPV/OPV schedule do not need to be recalled.

# Polio Requirement School Yr. 2011-12

## New Students

- ▣ 3 doses are acceptable if all doses in the series are IPV or all OPV with one dose given after the 4<sup>th</sup> birthday
  - Dose 1 and 2 -4 weeks apart
  - Dose 2 and 3 6 mo
- ▣ If the series has a combination of IPV and OPV 4 dose are needed with one dose given after the 4<sup>th</sup> birthday
  - 4 weeks intervals between first 3 doses with 6 mo. between last 2 doses

# POLIO SCHEDULES

- ▣ 4 WEEK MINIMUM INTERVAL  
ACCEPTABLE FOR CURRENT STUDENTS  
ONLY
- ▣ CHILDREN NOW ARE BEING VACCINATED  
ON THE RECOMMENDED SCHEDULE

# Polio-Minimum Interval Schedule is only recommended for use if:

- Paralytic Polio outbreak
- Traveling in <4weeks to areas where polio is endemic or epidemic.

Precaution because shorter intervals and earlier start date leads to lower seroconversion rates.

*The final dose in the IPV series should be administered at age  $\geq 4$  years regardless of the number of previous doses.*

# MMR

## Measles, Mumps, Rubella

Recommended:

- ▣ Dose 1 at 12-15 months
- ▣ Dose 2 4-6 yrs

Minimum Interval/School Requirement

- ▣ Dose 1 given >12 months of age
- ▣ Dose 2- 28 days > Dose 1



# MMR Documentation

- ▣ MMR =Measles, Mumps and Rubella
- ▣ Proquad= **MMR** and Varicella Vaccine

# Hepatitis B Requirement 2011/12

3 Doses- through 11<sup>th</sup> Grade

Minimum Intervals between:

- Dose 1-2= 4 wks
- Dose 2-3= 8 wks
- Dose 1-3= 16wks
- 3<sup>rd</sup> dose must be given after 24 wks of age.

# HEPATITIS B

## **Third Dose of Hepatitis B Vaccine**

- **Minimum of 8 weeks after second dose, and**
- **At least 16 weeks after first dose, and**
- **For infants, at least 24 weeks of age**

# Hepatitis B Documentation

- ▣ Pediarix= DTaP, **HepB**, IPV
- ▣ Comvax= **Hep B** and Hib

Hepatitis B vaccine may be documented as:  
HBV, Engerix B or Recombinvax B

# Tdap Booster

- ▣ Tetanus
- ▣ Diphtheria
- ▣ Pertussis

No need to recommend  
Td if a Tdap booster  
has not been given.



# Tdap

## Tetanus, diphtheria, pertussis

- ▣ Reduce the reservoir of *Bordetella pertussis* in the population
- ▣ To protect adolescents against pertussis
- ▣ Reduce the incidence of pertussis in infants



# Tdap

## ACIP Recommendations:

- ▣ 11-12 years of age
- ▣ Catch-up 13-18 yrs
- ▣ Single dose
- ▣ Previously received a full series of 4 or 5 doses of DTaP or DTP

# Tdap Requirements

- ▣ All student entering into 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> Grade must have a documented dose of Tdap regardless of the interval between last Td or DTaP.
- ▣ ACIP recommends that if a child over 7 yrs of age has an *incomplete* DTaP series the series should be completed with a Tdap. The next booster would be Td in 10 yrs.

# Tdap Requirements

- If Pertussis vaccine is contraindicated give Td
- Medical Exemption must be signed every year that the student is eligible for the vaccine
- Grades 10-12<sup>th</sup> that are due for their 10 yrs. booster recommend Tdap instead of Td if they have not had a dose of Tdap.

# Tdap Vaccines

- ▣ Adacel      11-64 yrs of age      Sanofi Pasteur
- ▣ Boostrix      10-64 yrs of age      GlaxoSmithKline

June 8, 2011 for 65 and older

# No History of DTaP or Td

- ▣ Series of 3 vaccinations

Preferred schedule -

Dose 1: Single dose of Tdap

Dose 2: Td >4 wks after dose 1 Tdap

Dose 3: Td >6 mo after dose 2

# Vaccine Documentation

Remember!!!

What is not documented is not given!

DTaP= 6wks-7yrs

DT= 6wks-7yrs    Pertussis exemption

Tdap or Td=7yrs and older



# Varicella Requirement School Yr 2011/12

- KAR 28-1-20
- Proof of Varicella disease diagnosed by a physician
- 2 doses –Kindergarten through Grade 2  
AND 7<sup>th</sup> Grade
- 1 dose- Grades 3 -6 and 8-11
- 2 doses are recommended for all children

# Varicella Vaccine Schedule

Recommended:

- Dose 1 12-15months of age
- Dose 2 4/6 yrs old

Minimum Interval:

- 12 months of age for 1<sup>st</sup> dose
- 12 months -12 yrs Dose 2- 3 months > Dose 1
- 13yrs> 28 days interval between dose 1-2

Acceptable/School Requirement

28 days interval between doses

# Varicella Vaccine Documentation

- ▣ Varivax
- ▣ Proquad=MMR and Varivax

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# Proof of Varicella Disease

- ▣ Must be documented by an immunization provider
- ▣ LHD administer vaccines under the authority of standing order signed by a physician

# Varicella Disease Documentation

- ▣ All students currently enrolled in school with history of varicella disease documented by a physician or a parent will be considered compliant

Except:

- ▣ All *NEW* enrollees K-11 must have documentation of disease history by a physician or be vaccinated.

# Why all the concern?

- ▣ Increase reports of varicella outbreaks among the highly vaccinated one dose populations
- ▣ Since, 2006 ACIP recommended 2 dose varicella vaccinations for all persons that had no proof of varicella disease.
- ▣ 2008 K.A.R 28-1-20 now allows the implementation of the 2 dose requirement



# Preschool or Daycare operated by a school

Includes:

- ▣ Childcare facility
- ▣ Family daycare home
- ▣ Preschool
- ▣ Child care program
- ▣ Each susceptible child under 16 yrs of age that is enrolled, placed or resides should be immunized as medically appropriate.

# K.A.R. 28-1-20 required for child care, family day care home, preschool, or child care program operated by a school

- ▣ Diphtheria
- ▣ *H. influenzae* type B
- ▣ Hepatitis A
- ▣ Hepatitis B
- ▣ Polio
- ▣ Measles
- ▣ Mumps
- ▣ Pertussis
- ▣ Pneumococcal
- ▣ Rubella
- ▣ Tetanus
- ▣ Varicella

# Preschool or Daycare operated by a Hib and PCV school requirements

- ▣ Based on appropriate age
- ▣ Exceptions are addressed in the catch-up schedule or based on the healthcare provider's judgment.
- ▣ Not possible to define all of the exceptions in a memo or on the back of the KCI
- ▣ Refer to the ACIP Schedules

# Hib and PCV Schedules

Information added to the handouts and the end of the slides presentation

Slides 58 -67

# Hepatitis A Vaccines

- ▣ Adult
  - 1 dose
  - booster dose 6-18 months after first dose
  
- ▣ Children and Adolescents
  - 1 dose at 12 months of age or older
  - booster dose 6-18 months after first dose

# Hepatitis A Vaccine

- ▣ Havrix (GlaxoSmith Kline)
- ▣ VAQTA (MERCK)



# Seasonal Influenza

- ▣ Seasonal influenza remains to be an annual threat
- ▣ School Nurses should be vaccinated every year against influenza due to risk of illness in school setting
- ▣ Important-Pregnant women and those that are around infants < 6 months of age.



## State of Kansas Vaccines For Children Health Educational Material On-line Ordering Site

[Home](#)[Order Educational Materials](#)[Check Order Status](#)[Log In](#)

Allow 5 days for delivery

Material obtained through this program must be provided free of charge.

Item	Quantity
<b>School Forms</b>	
<a href="#">Kansas Certificate of Immunizations</a> (KDHEKCI) Packaged in units of 100/PKG <i>NEW &amp; UPDATED 6-3-2009!!!</i>	<input type="text" value="0"/> PKG
<a href="#">KCI Medical Exemption Form</a> (KDHEKCI B) <i>NEW &amp; UPDATED FOR 2009-2010!</i>	<input type="text" value="0"/> EA
<a href="#">Kansas Statutes Related to School Immunizations - English</a> (KDHE SF 1E) Packaged in units of 100/PKG <i>NEW &amp; UPDATED FOR 2009!</i>	<input type="text" value="0"/> PKG

### Ship To

\* indicates required fields.

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Mark Parkinson, Governor - Roderick L. Bremby, Secretary  
 Curtis State Office Building 1000 SW Jackson Topeka, KS. 66612  
 (785) 296-1500 FAX:(785)368-6368 Email:info@kdheks.gov

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## Educational Materials

[Click here to order Educational Materials Online](#)

Online requests for materials are the only method that orders will be processed. Your order will be processed after you have clicked the SUBMIT button at the b order. You will be emailed a confirmation number that your order has been received.

We have updated and formatted both the 3x5 IMMUNIZATION TICKLER CARD and the 3x5 IMMUNIZATION CARD for you to download and print in your office (These work best by duplex printing on the Avery Index Cards (3x5) package #5388) Please call 785-296-3975 if you have further questions.

- [Click here to download the IMMUNIZATION TICKLER CARD \(3x5\)](#)
- [Click here to download the IMMUNIZATION RECORD CARD \(3x5\)](#)

[Click here to see the Immunization Action Coalition's "Top 20" downloaded free print materials for Healthcare Professionals and Patients \(.pdf\)](#)

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# June 2011 KSWebIZ Stats

**Number of Providers Live = 281**

**Private = 176 (4 interface, 31 Non VFC)**

**Public = 105 (53 direct entry, 52 interface)**

**Number of Registry Direct Entry Users = 976**

**Number of Live School Districts = 236**

**Number of Schools = 860**

**Number of School personnel = 485**

**Number of patients added by Schools = 6,148**

**Number of Vaccinations added by Schools = 376,310**

# KSWEBIZ TRAINING TOMORROW

The User Group Sessions will be held  
in the **Osage Room (207)**

**Tuesday 19<sup>th</sup> at 9:00-10:00am and  
10:30-11:30am**

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AFIX/Education Manager  
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# Slides regarding PCV and Hib vaccine series

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# HIB

*Haemophilus influenzae* type B

PRP-T

ActHIB, TriHIBit

PRP-OMP

PedvaxHIB, Comvax

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# *Haemophilus influenzae* type B Routine Schedule

Vaccine	2 mo	4mo	6 mo	12-18 mo	
PRP-T ACTHib/TriHibit	X	X	X	X	
PRP-OMP PedVax/Comvax	X	X		X	

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# Combination Vaccines Containing Hib

- ▣ DTaP/**Hib**
  - TriHIBit=Act Hib
- ▣ DTaP-IPV/**Hib**
  - Pentacel=ActHib
- ▣ Hepatitis B-**Hib**
  - Comvax= Pedvax

# *Haemophilus influenzae* type b Vaccine

- ▣ Recommended interval 8 weeks for primary series doses
- ▣ Minimum interval 4 weeks for primary series doses
- ▣ Minimum age 6 weeks
- ▣ 8 weeks should separate the primary series and the booster dose

# Lapsed Immunization

- ▣ Children who have fallen behind schedule with Hib vaccine may not need all the remaining doses of a 3 or 4 dose series
- ▣ The number of doses needed to complete the series should be determined using the ACIP catch-up schedule

**\*available at [www.cdc.gov/vaccines/recs/schedules/child-schedule.htm](http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm)**

# Haemophilus influenzae type b Vaccine for the unimmunized

<u>Vaccine</u>	<u>Age of 1<sup>st</sup> dose</u>	<u>Primary series</u>	<u>Booster</u>
PRP-T			
ACT HIB	2-6 mo	3doses 2 m apart	12-15m
	7-11mo	2doses 2m apart	12-15m
	12-14mo	1dose	2m later
	15-59mo	1dose	-



# Haemophilus influenzae type b Vaccine for the unimmunized

Vaccine   Age of 1<sup>st</sup> dose   Primary series   Booster

PRP-OMP

Pedvax	2-6 mo	2doses / 2 m apart	12-15m
	7-11mo	2doses / 2m apart	12-15m
	12-14mo	1dose	2m later
	15-59mo	1dose	-

# Pneumococcal Conjugate Vaccine

- ▣ PCV7 or PCV13
- ▣ Both vaccines are acceptable
- ▣ Number of doses is dependant on the age the child started the series and the current age of the child.

# Pneumococcal Conjugate Vaccine Recommendations

- ▣ Doses at 2, 4, 6, months of age, booster dose at 12-15 months of age
- ▣ First dose as early as 6 weeks
- ▣ Minimum interval of 4 weeks between first 3 doses
- ▣ At least 8 weeks between dose 3 and dose 4
- ▣ Unvaccinated children 7 months of age or older require fewer doses

**MMWR 2000;49(RR-9):1-35**

# Pneumococcal Conjugate Vaccine Schedule for Unvaccinated Older Children

Age at first dose	Doses	Booster 12-15mo
7-11 months	2 doses (4wks apart)	Yes
12-23 months	1 dose (8wks apart )	No
<i>24-59 months</i>		
Healthy	1 dose	No
High risk	2 doses (8wks apart )	No

[http://www.kdheks.gov/immunize/imm\\_manual\\_pdf/vaccine\\_standing\\_orders/Prevnar.pdf](http://www.kdheks.gov/immunize/imm_manual_pdf/vaccine_standing_orders/Prevnar.pdf)

# PCV 13

- ▣ Finish the PCV7 series out PCV13  
One dose for:
- ▣ 14-59 mo Complete 4 dose schedule
- ▣ Through 71 mo. with underlying medical condition

# Resources

Kansas Immunization Program:

[www.kdheks.gov/immunize](http://www.kdheks.gov/immunize)

- School Section
- Kansas Register Vol.27, No.26 June 26, 2008 Pg.975-1002
- 2010-2011 Kindergarten Immunization Coverage Survey

# Resources

- ▣ Epidemiology and Prevention of Vaccine Preventable Diseases “The Pink Book” 11<sup>th</sup> edition, revised May 2009 – **12<sup>th</sup> ed., revised May 2011**
  - [www.cdc.gov/nip/vaccines/pubs/pinkbook](http://www.cdc.gov/nip/vaccines/pubs/pinkbook)
- ▣ CDC National Immunization Program
  - [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
- ▣ CDC National Immunization Hotline:
  - English (800) 232-2522
  - Spanish (800) 232-0233



# Resources

- ▣ CDC. Recommended immunization schedules for persons aged 0--18 years---United States  
[www.cdc.gov/vaccines/recs/schedules/downloads/child/2011\\_0-18yrs](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2011_0-18yrs)
- ▣ ACIP  
[www.cdc.gov/vaccines/recs/acip/](http://www.cdc.gov/vaccines/recs/acip/)
- ▣ Vaccine Safety:  
[www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)
- ▣ Vaccine Abbreviations:  
<http://www.cdc.gov/vaccines/recs/acip/vac-abbrev.htm>

# Resources

- ▣ IPV schedule-MMWR August 7, 2009 / 58(30);829-830  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a3.htm?s\\_cid=mm5830a3\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a3.htm?s_cid=mm5830a3_e)
- ▣ Patti Kracht, RN
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